

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">360509.30</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">349605.21</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">64454.16</span>	<span style="border: 1px solid black; padding: 2px;">267224.11</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">414059.37</span>	<span style="border: 1px solid black; padding: 2px;">627733.41</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">90250.00</span>	<span style="border: 1px solid black; padding: 2px;">303924.04</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">323809.37</span>	<span style="border: 1px solid black; padding: 2px;">323809.37</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

48017.03

186304.33

(ii) Unitemized .....

11437.13

75919.78

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

59454.16

262224.11

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

59454.16

262224.11

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

64454.16

267224.11

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

64454.16

267224.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59500.00	271500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	14.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	14.04
29. Other Disbursements .....	30750.00	32410.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	90250.00	303924.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90250.00	303924.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	59454.16	262224.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	14.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59454.16	262210.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JULIE BUSKE**

Mailing Address 12937 HIALEAH COURT

City

APPLE VALLEY

State

MN

Zip Code

55124-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Empl Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 37146543

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JAMES WATSON**

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1159806033518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WAYNE COOK**

Mailing Address 1196 SWAMP RD

City

FURLONG

State

PA

Zip Code

18925-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1159812833518

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DAVID WICHMANN**

Mailing Address 7000 ANTRIM ROAD

City  
EDINA

State  
MN

Zip Code  
55439-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Pres UHG Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1159814733518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICK ERLANDSON**

Mailing Address 1000 OLD LONG LAKE ROAD

City  
WAYZATA

State  
MN

Zip Code  
55391-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1159815933518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. PATRICIA SAURO**

Mailing Address 8943 HIDDEN MEADOW R

City  
WOODBURY

State  
MN

Zip Code  
55125-9138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1159816433518

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

889.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM MUNSELL**

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1159816633518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN PENSHORN**

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Group

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1159816933518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL KALLMEYER**

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1159817433518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

684.60

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TIMOTHY RYAN**

Mailing Address 4913 BRUCE AVE

City State Zip Code  
 EDINA MN 55424-1113

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1159817933518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City State Zip Code  
 DALLAS TX 75220-1909

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1159819133518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD MIGLIORI**

Mailing Address PO BOX 72

City State Zip Code  
 WAYZATA MN 55391-0072

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1159827433518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

494.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEANNINE RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1159830033518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1332013233518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT BOHNENKAMP

Mailing Address 4925 WOODS COURT

City

GREENWOOD

State

MN

Zip Code

55331-9291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1551005633518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

847.20

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MICHAEL MATTEO**

Mailing Address 25 JEREMIAHS WAY

City State Zip Code  
 SOUTH GLASTONBURY CT 06073-3621

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1551133433518

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS VALERIUS**

Mailing Address 6343 24TH STREET NE

City State Zip Code  
 WILLMAR MN 56201-9152

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1551161333518

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN ENDERLE**

Mailing Address 31 ANDREIS TRAIL

City State Zip Code  
 SOUTH WINDSOR CT 06074-2142

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1554323533518

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

494.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KAREN ERICKSON**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKE

State Zip Code  
MN 55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1575957633518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ERNEST MONFILETTO**

Mailing Address 3062 COMFORT ROAD

City  
NEW HOPE

State Zip Code  
PA 18938-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1575958133518**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LEE VALENTA**

Mailing Address 4701 GOLF TERRACE

City  
EDINA

State Zip Code  
MN 55424-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Pres Lif Scis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1575958533518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

923.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS PAUL**

Mailing Address 2006 QUEEN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55405-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1580864733518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT WEBB**

Mailing Address 4516 DREXEL AVENUE

City

EDINA

State

MN

Zip Code

55424-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1580865333518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD HUGHES**

Mailing Address 735 SAINT MORITZ

City

VICTORIA

State

MN

Zip Code

55386-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1596304133518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

784.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THAD JOHNSON**

Mailing Address 9741 GLACIER BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

Transaction ID : PR159630433518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAY MATUSHAK**

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

Transaction ID : PR1596304633518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CAROL MORNESS**

Mailing Address 6844 FLEUR DE LANE

City

STONE LAKE

State

WI

Zip Code

54876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

Transaction ID : PR1596304933518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

354.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DANIEL SCHUMACHER**

Mailing Address 11582 RASPBERRY HILL ROAD

City State Zip Code  
EDEN PRAIRIE MN 55344-3268

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR1596305433518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS LEWIS**

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code  
TAMPA FL 33606-3614

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR1596306933518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code  
EDINA MN 55424-1158

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR1596307033518

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

681.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DIANE FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City  
TAMPA

State  
FL

Zip Code  
33618-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1596309733518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City  
OMAHA

State  
NE

Zip Code  
68135-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1596315433518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City  
ORINDA

State  
CA

Zip Code  
94563-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres Ntwks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1596317333518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KEVIN RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
 SILVER SPRING MD 20905-5028

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1596317433518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code  
 SUWANEE GA 30024-8576

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB KA VP Sls Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1596318433518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code  
 BAYPORT MN 55003-1607

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR1596319033518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

320.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN DODDY

Mailing Address 1 ROXITICUS VIEW

City  
CHESTERState  
NJZip Code  
07930-3020FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1600597333518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL MICHAUX

Mailing Address 742 GOODRICH AVE

City  
SAINT PAULState  
MNZip Code  
55105-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1600598533518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LEWIS SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City  
EDINAState  
MNZip Code  
55424-1163FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1600598733518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

478.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MATTHEW PETERSON**

Mailing Address 20595 SPENCER LANE

City  
EXCELSIOR

State Zip Code  
MN 55331-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1602669933518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY MALONEY**

Mailing Address 18076 CLEAR SPRING LANE

City  
EDEN PRAIRIE

State Zip Code  
MN 55347-1078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1613243533518**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEVE KOOREN**

Mailing Address 4444 ELLSWORTH DRIVE

City  
EDINA

State Zip Code  
MN 55435-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1653443233518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

776.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416-4346

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Sls Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR165344433518

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ALISTAIR D JACQUES**

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code  
WAYZATA MN 55391-9684

FEC ID number of contributing federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR1653445233518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH CORBIN**

Mailing Address 7985 LEA CIRCLE

City State Zip Code  
BLOOMINGTON MN 55438-1286

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealthcare Finance

Occupation  
VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR1669432233518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. Mr. MILES SNOWDEN**

Mailing Address 3412 KNOLLWOOD DRIVE

City  
ATLANTAState  
GAZip Code  
30305-1020FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1746717833518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM TALAMANTES**

Mailing Address 11618 ROLLING MEADOW DR

City  
GREAT FALLSState  
VAZip Code  
22066-1342FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1806444733518

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL EMERSON**

Mailing Address 18855 MEADOW VIEW BLVD

City  
PRIOR LAKEState  
MNZip Code  
55372-3133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1806750333518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CATHERINE ANDERSON**

Mailing Address 306C FORBES STREET

City

ANNAPOLIS

State

MD

Zip Code

21401-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1903550733518**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT DUFEK**

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1903577133518**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN EDBERG**

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125-9592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1903578133518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

444.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **CHRISTOPHER JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1903591133518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **JOHN SANTELLI**

Mailing Address 20030 EXCELSIOR BLVD

City

EXCELSIOR

State

MN

Zip Code

55331-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1903622033518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **SUSAN LYNN BERKEL**

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620-0204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119468133518

Amount of Each Receipt this Period

192.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

470.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. KATHIE BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mrkting Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119469433518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD CROSS

Mailing Address 11361 DONOVAN ROAD

City

ROSSMOOR

State

CA

Zip Code

90720-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119471833518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119476733518

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SAMUEL HO**

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2119477933518**

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN JEFFREY**

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2119479133518**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN JONES**

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2119479233518**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

549.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **LYNDA A PAXSON**

Mailing Address 3924 E GARNET PL

City State Zip Code  
 HIGHLANDS RANCH CO 80126-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Field Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2119485833518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **AUSTIN PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code  
 GREENSBORO NC 27408-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2119486733518

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **CYNTHIA POLICH**

Mailing Address 3401 E VIA PALOMITA

City State Zip Code  
 TUCSON AZ 85718-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2119486833518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

520.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119491133518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN TUCKER**

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119492033518

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN VANASTEN**

Mailing Address N2249 NICOLE COURT

City

KAUKAUNA

State

WI

Zip Code

54130-9462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2119492633518

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

464.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY WRIGHT**

Mailing Address 13901 MAUVE DRIVE

City  
SANTA ANA

State  
CA

Zip Code  
92705-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2119494133518**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. FORREST BURKE**

Mailing Address 380 LEAF STREET

City  
ORONO

State  
MN

Zip Code  
55356-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2133132433518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BROR HULTGREN**

Mailing Address 408 22ND ST

City  
GOLDEN

State  
CO

Zip Code  
80401-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2133133233518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

326.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ALLEN MILLER**

Mailing Address 6209 CRESCENT DRIVE

City  
EDINA

State  
MN

Zip Code  
55436-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2133133633518**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN MORISATO**

Mailing Address 238 ARDMORE ROAD

City  
DES PLAINES

State  
IL

Zip Code  
60016-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2133133833518**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. T JEFFREY PUTNAM**

Mailing Address 303 ELMWOOD PLACE WEST

City  
MINNEAPOLIS

State  
MN

Zip Code  
55419-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Financial Plng Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2133134233518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DIANE SCHIMMELBUSCH**

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2133134633518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT FALKENBERG**

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2145728433518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANNETTE SMITH**

Mailing Address 7475 FLYING CLOUD DRIVE #402

City

EDEN PRAIRIE

State

MN

Zip Code

55344-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2145729933518

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

512.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARGARET SPARKS**

Mailing Address 26091 RED CORRAL ROAD

City

LAGUNA HILLS

State

CA

Zip Code

92653-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2145730233518**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DAVID SPIVACK**

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603-0212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2162867633518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CHRISTINE GIBSON**

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2225166733518**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

715.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANDREW SLAVITT**

Mailing Address 5125 MIRROR LAKES DRIVE

City  
EDINA

State  
MN

Zip Code  
55436-1341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2225167433518**

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEAN-FRANCOIS BEAULE**

Mailing Address 7 STRATFORD RD

City  
FARMINGTON

State  
CT

Zip Code  
06032-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2225813633518**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ERIC RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKE

State  
MN

Zip Code  
55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Chief Accting Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2225819333518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JOHN RYAN**

Mailing Address 45 WESTMORELAND LN

City  
NAPERVILLEState Zip Code  
IL 60540-5817FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2225819633518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROY SAILOR**

Mailing Address 276 COYOTE WILLOW DRIVE

City  
COLORADO SPRINGSState Zip Code  
CO 80921-7631FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2225819733518

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KAREN DIPALMO**

Mailing Address 7533 PRAIRIE VIEW DR

City  
INDIANAPOLISState Zip Code  
IN 46256-8408FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2231347233518

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DARRELL RICHEY**

Mailing Address 10823 MOORS END CIRCLE

City  
FISHERS

State  
IN

Zip Code  
46038-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2231352333518**

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL CONNLY**

Mailing Address 570 MONTCALM PL

City  
SAINT PAUL

State  
MN

Zip Code  
55116-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2247625833518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOSEPH CARCIONE**

Mailing Address 11 CARRIAGE WAY

City  
WHITE PLAINS

State  
NY

Zip Code  
10605-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2247626833518**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KEVIN KANTOLA**

Mailing Address 7031 HALSTEAD DRIVE

City  
MINNETRISTA

State Zip Code  
MN 55364-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2247627033518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DENNIS O'BRIEN**

Mailing Address 61 LOUGHLIN AVE

City  
COS COB

State Zip Code  
CT 06807-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicare & Retirement

Occupation  
Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2247627333518**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JEFFERY VERNEY**

Mailing Address 266 WESTLEDGE ROAD

City  
WEST SIMSBURY

State Zip Code  
CT 06092-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2247627433518**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SANJAY GARODIA**

Mailing Address 282 MIDDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

COO IBS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2247627833518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL OHMAN**

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2247628033518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN PRINCE**

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2259738433518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

463.22

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER CRONN**

Mailing Address 901 RED RIVER #1210

City  
AUSTINState  
TXZip Code  
78701-2799FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2270522933518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SIMON L STEVENS**

Mailing Address 1716 EMERSON AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55403-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Corporate

Occupation

EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2364863233518

Amount of Each Receipt this Period

108.70

P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEANNE DE SA**

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Rsch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2402315933518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JAKE LOGAN**

Mailing Address 4826 EAST CALLE REDONDA

City  
PHOENIXState  
AZZip Code  
85018-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.20

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2402318233518

Amount of Each Receipt this Period

234.20

P/R Deduction (\$117.10 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE SOUZA**Mailing Address 3430 GALT OCEAN DRIVE  
UNIT 1111

City

FORT LAUDERDALE

State

FL

Zip Code

33308-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Spclty Bens

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2402320033518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LORI SWEERE LILIENTHAL**

Mailing Address 5701 S JOSH WYATT DR

City

SIOUX FALLS

State

SD

Zip Code

57108-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1544.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2402320233518

Amount of Each Receipt this Period

193.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

811.80

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 113

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SHELLEY CRANLEY**

Mailing Address 3801 MAURICE COURT

City  
LAS VEGASState  
NVZip Code  
89108-5245FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

**Transaction ID : PR240244433518**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES BECKER**

Mailing Address 378 FERNDAL ROAD WEST

City  
WAYZATAState  
MNZip Code  
55391-1559FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.65

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

**Transaction ID : PR2402445133518**

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES COLEMAN**

Mailing Address 4720 WEST 66TH STREET

City  
EDINAState  
MNZip Code  
55435-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Empl Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

**Transaction ID : PR2402445233518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

557.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMES DONOVAN**

Mailing Address 2816 MONTREAU DRIVE

City  
FRISCO

State  
TX

Zip Code  
75034-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Dev Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2402445333518**

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN LARSEN**

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1544.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2402445633518**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$386.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOY HIGA**

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2402446233518**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

511.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gov't Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2405428833518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PETER WALSH**

Mailing Address 495 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2405431133518**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. GAIL KOZIARA BOUDREAUX**

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Gr Pres UHC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2437119533518**

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

963.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WILLIAM HAGAN**

Mailing Address 6536 E GREYTHORN DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85266-6761

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
 04 30 2014

Transaction ID : PR2437120033518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JACK WEISS**

Mailing Address 6245 NORTH 75 STREET

City State Zip Code  
 SCOTTSDALE AZ 85250-4621

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Seg Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 30 2014

Transaction ID : PR2437120533518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443-1754

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 30 2014

Transaction ID : PR2437120733518

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

246.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KELLY L CLARK**

Mailing Address 934 WILD ROSE COURT

City  
EAGANState  
MNZip Code  
55123-2486FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Bus Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2437121333518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAURA NESS**

Mailing Address 10550 PINNACLE WAY

City  
WOODBURYState  
MNZip Code  
55129-4282FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2437121533518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN COSGRIFF**

Mailing Address 1837 SUMMIT LANE

City  
MENDOTA HEIGHTSState  
MNZip Code  
55118-4137FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1613.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2437121633518

Amount of Each Receipt this Period

398.40

P/R Deduction (\$199.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

553.32

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PETER RAINEY**

Mailing Address 3115 WEST 47 STREET

City  
MINNEAPOLIS

State Zip Code  
MN 55410-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR243712753518**

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ROBIN LIPPERT**

Mailing Address 522 4 STREET SOUTH EAST

City  
WASHINGTON

State Zip Code  
DC 20003-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2439928033518**

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. STEPHEN HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City  
CHEVY CHASE

State Zip Code  
MD 20815-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2444265733518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

814.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. AMY ADLINGTON SHKABERIN**

Mailing Address 4428 XERXES AVENUE S

City

MINNEAPOLIS

State

MN

Zip Code

55410-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Human Capital

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2445016433518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK DUHAIME**

Mailing Address 5781 RUBY DRIVE

City

TROY

State

MI

Zip Code

48085-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2445016933518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID SIEGEL**

Mailing Address 264 LAKEWOOD DRIVE

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

410.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2445017133518

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

475.86

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. EILEEN LIVERANI**

Mailing Address 100 BOSTOCK ROAD

City  
SHOKAN

State Zip Code  
NY 12481-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.30

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2460167233518**

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KARIN KEITEL**

Mailing Address 3918 HAVEN ROAD

City  
MINNETONKA

State Zip Code  
MN 55345-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2460167633518**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LARRY RENFRO**

Mailing Address 5 DOVE LANE

City  
ANDOVER

State Zip Code  
MA 01810-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

EVP UHG CEO Optum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2460168133518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DAVID ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City  
PLYMOUTHState Zip Code  
MN 55441-2229FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2460168233518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC WEXLER**

Mailing Address 7220 WILLOW OAK DR

City  
WEST BLOOMFIELDState Zip Code  
MI 48324-3081FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2463723133518

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUE SCHICK**

Mailing Address 714 GREYTHORNE ROAD

City  
WYNNEWOODState Zip Code  
PA 19096-2511FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2480620533518

Amount of Each Receipt this Period

390.00

P/R Deduction (\$195.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

646.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LILLIAN HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City

BLUE BELL

State

PA

Zip Code

19422-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2484542133518

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEVIN KNARR**

Mailing Address 3138 O STREET NW

City

WASHINGTON

State

DC

Zip Code

20007-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2484542333518

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City

CHANHASSEN

State

MN

Zip Code

55317-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2484542633518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

2752.30

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JERI KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City  
CINCINNATI

State  
OH

Zip Code  
45255-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2486697833518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS MANDERFELD**

Mailing Address 4835 PENN AVENUE SOUTH

City  
MINNEAPOLIS

State  
MN

Zip Code  
55419-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2486697933518**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DIRK MCMAHON**

Mailing Address 60 WILDHURST ROAD

City  
EXCELSIOR

State  
MN

Zip Code  
55331-8461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2491457033518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

664.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KATHRYN SULLIVAN**

Mailing Address 530 N LAKE SHORE DR # 2309

City State Zip Code  
CHICAGO IL 60611-7435

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR2491457533518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KARA SMITH**

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code  
ALEXANDRIA VA 22302-2533

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR2540175333518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. HYLLIUS EDWARDS**

Mailing Address PO BOX 44246

City State Zip Code  
DENVER CO 80201-4246

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2014

Transaction ID : PR2541300433518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

678.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA PURDY**

Mailing Address 7417 LYNNHURST STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.35

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : PR2541300633518**

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JOELLE TIERNEY**

Mailing Address 5710 TAYCHOPERA RD

City

MADISON

State

WI

Zip Code

53705-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.52

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : PR2541300733518**

Amount of Each Receipt this Period

76.88

P/R Deduction (\$38.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN VERSAGGI**

Mailing Address 800 ALBANY AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22302-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.44

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : PR2541300833518**

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

465.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. BRENDAN HOSTETLER**

Mailing Address 2309 W WINNEMAC AVE

City  
CHICAGO

State  
IL

Zip Code  
60625-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2542541933518**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RICHARD RAMSAY**

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2542542233518**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. IPYANA SPENCER**

Mailing Address 4226 40TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22207-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2542542333518**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHANTA COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552313533518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEANNE PACE**

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552313733518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY ALTER**

Mailing Address 3 WOODLAND ROAD

City

PORT JEFFERSON

State

NY

Zip Code

11777-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552960233518

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

462.62

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEREMY BRYANT**

Mailing Address 11700 ARBORHILL DRIVE

City  
ZIONSVILLE

State  
IN

Zip Code  
46077-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2552961333518**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT FLANNERY**

Mailing Address 8508 TRELADY CT

City  
PLANO

State  
TX

Zip Code  
75024-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2552962333518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CLAIRE HANNAN**

Mailing Address 25932 PORTAFINO DRIVE

City  
MISSION VIEJO

State  
CA

Zip Code  
92691-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2552962733518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. GREGORY JAMES

Mailing Address 2323 KINGS POINT DRIVE

City

LARGO

State

FL

Zip Code

33774-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552963233518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$126.41 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN LOVELADY

Mailing Address 6268 ORCHARD PARK

City

FRISCO

State

TX

Zip Code

75034-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552964233518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS SCIUTO

Mailing Address 160 ACORN LANE

City

MILFORD

State

CT

Zip Code

06461-1876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2552966133518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. BARRY STREIT**

Mailing Address 5421 KELLOGG AVENUE

City State Zip Code  
 EDINA MN 55424-1604

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Medicr Field Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2552966733518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MONICA RAYBURN**

Mailing Address 688 WEST SYCAMORE

City State Zip Code  
 VERNON HILLS IL 60061-1084

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2553475133518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD THOMAS**

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55419-1151

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2553475433518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City  
EDINA

State Zip Code  
MN 55424-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2553475533518

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KARSTEN FLAGSTAD**

Mailing Address 13420 JAY ST NW

City  
ANDOVER

State Zip Code  
MN 55304-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2554013033518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL CLUTE**

Mailing Address 7756 N 85TH STREET

City  
OMAHA

State Zip Code  
NE 68122-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2560064433518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CRAIG GAGE**

Mailing Address 275 BAYSHORE BLVD UNIT 1407

City	State	Zip Code
TAMPA	FL	33606-2331

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : PR2560064733518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD GIANCURSIO**

Mailing Address 72 MIDNIGHT RIDGE DR

City	State	Zip Code
LAS VEGAS	NV	89135-1680

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Health Plan of Nevada

 Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : PR2560064933518

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JERI JONES**

Mailing Address 512 W ORANGEWOOD AVE

City	State	Zip Code
PHOENIX	AZ	85021-7252

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : PR2560065133518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

542.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City  
BEDFORDState  
NYZip Code  
10506-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2560065433518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANGELA LOBERG**

Mailing Address 2837 EAST PARK PLACE

City

MILWAUKEE

State

WI

Zip Code

53211-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2560065533518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY LUCHT**

Mailing Address 191 MAIN ST

City

S GLASTONBURY

State

CT

Zip Code

06073-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2560065633518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

582.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City State Zip Code  
 KATY TX 77450-1303

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2560066033518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TIMOTHY NOEL**

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55410-1968

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.66

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2560398833518

Amount of Each Receipt this Period

207.22

P/R Deduction (\$103.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES CRONIN**

Mailing Address 20700 DELTA DRIVE

City State Zip Code  
 GAITHERSBURG MD 20882-1121

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2560821133518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

362.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN LUND**

Mailing Address 464 EAST NORTH AVE

City

GRANTSBURG

State

WI

Zip Code

54840-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2561457633518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY W CAVANAUGH**

Mailing Address 520 NE 20TH ST # 1010

City

WILTON MANORS

State

FL

Zip Code

33305-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2563211033518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHLEEN R CRAMPTON**

Mailing Address 2335 SOUTH OCEAN BLVD B5

City

PALM BEACH

State

FL

Zip Code

33480-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Plan Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2563211133518**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

256.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JENNIFER WALSH

Mailing Address 1101 ROBERTA COURT

City  
MCLEAN

State Zip Code  
VA 22101-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2564296833518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ANDREW MACKENZIE

Mailing Address 1912 IRVING AVE S

City  
MINNEAPOLIS

State Zip Code  
MN 55403-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2564297133518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. STEPHEN SWANSON

Mailing Address 3001 HUNTINGTON COURT

City  
KATY

State Zip Code  
TX 77493-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2564297333518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

472.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. HARVEY BALTHASER**

Mailing Address 3103 FLEECE FLOWER COVE

City State Zip Code  
 AUSTIN TX 78735-1539

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2564297533518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL HANSEN**

Mailing Address 18430 62ND PLACE NORTH

City State Zip Code  
 MAPLE GROVE MN 55311-4585

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Controller Mkt Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2564802733518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHERINE KENNY**

Mailing Address 22408 FITZGERALD DRIVE

City State Zip Code  
 LAYTONSVILLE MD 20882-2301

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2564803233518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PAUL MARDEN**

Mailing Address 718 HICKORY HILL RD

City State Zip Code  
 FRANKLIN LAKES NJ 07417-1707

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR256480333518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TAMMY O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code  
 BROOKEVILLE MD 20833-3265

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2564803933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DEBRA BERNS**Mailing Address 3209 GALLERIA  
UNIT 1705

City State Zip Code  
 EDINA MN 55435-2556

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Complnc/Ethics Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2564804033518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KATHRYN RUBIN**

Mailing Address 310 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Social Resp/Pres Found

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR256480433518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JARROD FORBES**

Mailing Address 2121 PARK FOREST DRIVE

City

CHESTERFIELD

State

MO

Zip Code

63017-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2564804533518

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY WICKS**

Mailing Address PO BOX 44518

City

EDEN PRAIRIE

State

MN

Zip Code

55344-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2565448633518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

350.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WENDY ARNONE**

Mailing Address N62W13531 SUNBRUST DRIVE

City State Zip Code  
MENOMONEE FALLS WI 53051-8335

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2568900533518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW STEARNS**

Mailing Address 5105 CAPE COD COURT

City State Zip Code  
BETHESDA MD 20816-2907

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2571777933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRUCE MOYER**

Mailing Address 18426 MAGENTA BAY

City State Zip Code  
EDEN PRAIRIE MN 55347-1051

FEC ID number of contributing federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 30 2014

Transaction ID : PR2571778333518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

256.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JEFFREY DEAN

Mailing Address W5912 DEAN ROAD

City  
TOMAHAWK

State Zip Code  
WI 54487-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2572589433518

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN CARLSON

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City  
EDINA

State Zip Code  
MN 55424-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2572590033518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THERESA CLARKE

Mailing Address 16652 1/2 GRAND AVE

City  
BELLFLOWER

State Zip Code  
CA 90706-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2572591133518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

236.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. THOMAS WIFFLER

Mailing Address 1421 SOMERFIELD DRIVE

City

BOLINGBROOK

State

IL

Zip Code

60490-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Field Ops Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2572992733518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL MCGINNITY

Mailing Address 903 MCINDOE ST

City

WAUSAU

State

WI

Zip Code

54403-4976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2573519033518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMIE BURNETT

Mailing Address 4625 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2574988233518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LORI VAN HOLMES**

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575030933518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JENNIFER O'BRIEN**

Mailing Address 4371 BENT TREE LANE

City State Zip Code  
 EAGAN MN 55123-3054

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Compli Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575034533518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARY MCCARTY**

Mailing Address 8800 RUMFIELD RD

City State Zip Code  
 NORTH RICHLAND HILLS TX 76182-6131

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575059433518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. SANDRA NICHOLS

Mailing Address 12706 YOUNG LANE

City

NORTH POTOMAC

State

MD

Zip Code

20878-6112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575074533518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GLEN GOLEMI

Mailing Address 1214 MAGNOLIA ALY

City

MANDEVILLE

State

LA

Zip Code

70471-3068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575098833518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PHEBE CHAMPION

Mailing Address 5124 WEDMORE CT

City

NORTH LAS VEGAS

State

NV

Zip Code

89031-0364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575108333518

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

319.22

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RON JONES**

Mailing Address 10066 ESCAMBA BAY CT

City

NAPLES

State

FL

Zip Code

34120-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Pres Prov Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR257516353518**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT CASSANO**

Mailing Address 7607 MAPLE MEADOW STREET

City

LAS VEGAS

State

NV

Zip Code

89131-4665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575164433518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL PATRICK STAMM**

Mailing Address 6721 MOSSY GLEN DR

City

FORT MYERS

State

FL

Zip Code

33908-4771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575194633518**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. HOWARD GILPIN JR**

Mailing Address 1210 SHEPARD DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Act Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR2575224933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS CHOATE**

Mailing Address 209 SOUTHPOND RD

City

GLASTONBURY

State

CT

Zip Code

06033-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

Transaction ID : PR2575247833518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT DICKSON**

Mailing Address 909 OAKWOOD AV

City

FULLERTON

State

CA

Zip Code

92835-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

Transaction ID : PR2575293233518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.84



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TOM BEAUREGARD**

Mailing Address 161 SPRING VALLEY ROAD

City State Zip Code  
 RIDGEFIELD CT 06877-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres United Essentials

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1517.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575295133518

Amount of Each Receipt this Period

409.70

P/R Deduction (\$204.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY GOLDBERG**

Mailing Address 3410 BRADLEY LANE

City State Zip Code  
 CHEVY CHASE MD 20815-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575326933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL TELESKY**

Mailing Address 2602 PENNINGTON PLACE

City State Zip Code  
 VALPARAISO IN 46383-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2575350933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CAROL GOTHARD**

Mailing Address 16492 BROOKLANE BOULEVARD

City  
NORTHVILLE

State Zip Code  
MI 48168-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575419133518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JERI LOSE**

Mailing Address 9995 DELL ROAD

City  
EDEN PRAIRIE

State Zip Code  
MN 55347-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575419833518

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KARIN O'HARA**

Mailing Address 7138 MCCANN COURT

City  
SAVAGE

State Zip Code  
MN 55378-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Accting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575428733518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

353.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MOLLY JOSEPH**

Mailing Address 2711 CRESCENT RIDGE ROAD

City

MINNETONKA

State

MN

Zip Code

55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575521733518**

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PAUL HEBERT**

Mailing Address 54 GREENWOOD DRIVE

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Spclty Bens Dntl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575522333518**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS HAMLIN**

Mailing Address 2800 NEWMAN

City

HOUSTON

State

TX

Zip Code

77098-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575536233518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. ELIZABETH WINSOR

Mailing Address 57 WILDERS PASS

City  
CANTON

State  
CT

Zip Code  
06019-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575582833518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL PETEROY

Mailing Address 1004 PHILLIPS STREET

City  
VISTA

State  
CA

Zip Code  
92083-7171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575585633518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRIAN THOMPSON

Mailing Address 17829 63RD AVE N

City  
MAPLE GROVE

State  
MN

Zip Code  
55311-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575634633518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TERRENCE CLARK**

Mailing Address 8 COOPER AVENUE

City  
EDINAState  
MNZip Code  
55436-1315FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575636933518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BENTON DAVIS**

Mailing Address 9825 NORTH 53RD PLACE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP GM Clin Comnty Ntwks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575639233518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NANCY SUBLETTE**

Mailing Address 445 CLARA

#24

City

SAINT LOUIS

State

MO

Zip Code

63112-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

PS Dir Strat Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575646933518

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

486.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RONALD GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code  
HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575651533518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ELENA MCFANN**

Mailing Address 18925 24TH AVENUE NORTH

City State Zip Code  
PLYMOUTH MN 55447-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575654733518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARL ALLEN**

Mailing Address 8675 AZURE SKY DRIVE

City State Zip Code  
LAS VEGAS NV 89129-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Medical Assoc. Inc.

Occupation  
Phys Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2575669333518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

356.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 113

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PATRICK MOESCHLER**

Mailing Address 10940 E TIERRA DR

City	State	Zip Code
SCOTTSDALE	AZ	85259-5730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2575676133518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRADY PRIEST**

Mailing Address 4401 COUNTRY CLUB RD

City	State	Zip Code
EDINA	MN	55424-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2575677233518**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER STIDMAN**

Mailing Address 6504 CHEROKEE TRAIL

City	State	Zip Code
EDINA	MN	55439-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2575683833518**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

470.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEPHEN FARRELL**

Mailing Address 50 MAJOR DOANE RD

City  
WELLFLEETState  
MAZip Code  
02667-7836FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575696233518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. D ELLEN WILSON**Mailing Address 400 STUART STREET  
25DCity  
BOSTONState  
MAZip Code  
02116-5011FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575708833518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MOLLY KNORR**

Mailing Address 1144 PROSPECT AVENUE

City  
HARTFORDState  
CTZip Code  
06105-1124FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575735433518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

347.84



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CARLOS ADAME**

Mailing Address 42584 WHISTLE COURT

City  
TEMECULA

State Zip Code  
CA 92592-7105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575755433518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LAURIE RUSSELL**

Mailing Address 3108 SONIA DRIVE

City  
LAS VEGAS

State Zip Code  
NV 89107-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575812133518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MILLER**

Mailing Address 26104 WEST 108 TERRACE

City  
OLATHE

State Zip Code  
KS 66061-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575819833518**

Amount of Each Receipt this Period

176.94

P/R Deduction (\$88.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

332.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. EDWARD SKOPAS**

Mailing Address 43 JOEL DR

City  
HEBRON

State  
CT

Zip Code  
06248-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575842733518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICK LANGAN**

Mailing Address 405 MEADOW LANE

City  
BENSON

State  
MN

Zip Code  
56215-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575885033518**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MICHAEL MEDEIROS**

Mailing Address 7112 LANGMUIR DRIVE

City  
MCKINNEY

State  
TX

Zip Code  
75071-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575930633518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **RICHARD MATTERA**

Mailing Address 483 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575938433518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **MARC SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City

PROSPER

State

TX

Zip Code

75078-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575967933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **JUDITH PERLMAN**Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City

VINEYARD HAVEN

State

MA

Zip Code

02568-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2575968933518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

540.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARK LEENAY**

Mailing Address 17882 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2575982833518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MARC BRIGGS**

Mailing Address 1608 RED TREE CT

City State Zip Code  
DRAPER UT 84020-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.79

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2576001633518**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JAY WARMUTH**

Mailing Address 16215 GRABEN COURT

City State Zip Code  
EDEN PRAIRIE MN 55346-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2576040033518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

236.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. RHONDA MEDOWS**

Mailing Address 7707 WISCONSIN AVENUE  
 APT # 530

City State Zip Code  
 BETHESDA MD 20814-6547

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2576040433518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RESTOR JOHNSON**

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code  
 MINNETONKA MN 55305-2806

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2576051633518

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN REX**

Mailing Address 503 HARRINGTON ROAD

City State Zip Code  
 WAYZATA MN 55391-1512

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2576060033518

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

772.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ANGELA DAVIS**

Mailing Address 1067 ROYS PRIVATE WAY

City  
GALLATIN

State  
TN

Zip Code  
37066-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir IT Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2576083933518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CHRIS KENT**

Mailing Address 13273 CARLINGFORD LANE

City  
ROSEMOUNT

State  
MN

Zip Code  
55068-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2576119033518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CHANDRA TORGERSON**

Mailing Address 5433 10TH AVENUE SOUTH

City  
MINNEAPOLIS

State  
MN

Zip Code  
55417-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR2576128633518**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

231.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEVEN NELSON**

Mailing Address 2542 CROSBY ROAD

City

WAYZATA

State

MN

Zip Code

55391-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1004.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2576144833518

Amount of Each Receipt this Period

331.19

P/R Deduction (\$235.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN FRIDNER**

Mailing Address 782 PENFIELD DR

City

CAROL STREAM

State

IL

Zip Code

60188-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2576147533518

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL KENIRY**

Mailing Address 5553 LITTLE FALLS ROAD

City

ARLINGTON

State

VA

Zip Code

22207-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gov't Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2577379333518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

793.79

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHRYN A HOPKINS**

Mailing Address 1 OLD FARM ROAD

City  
WELLESLEY

State Zip Code  
MA 02481-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2578735233518

Amount of Each Receipt this Period

269.24

P/R Deduction (\$134.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEMETRIOS KOUZOUKAS**

Mailing Address 15552 57TH PLACE N

City  
PLYMOUTH

State Zip Code  
MN 55446-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2578740433518

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City  
FRISCO

State Zip Code  
TX 75033-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2578824333518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

846.14



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LAURA GROSCHEN**

Mailing Address 3872 KENNET CIRCLE

City  
EAGANState  
MNZip Code  
55123-3952FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2595230933518

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHERRI GIORGIO**

Mailing Address 311 WHITWORTH WAY

City  
NASHVILLEState  
TNZip Code  
37205-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2600648933518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WESTON SCOTT**

Mailing Address 4114 MEDICAL DRIVE 22207

City  
SAN ANTONIOState  
TXZip Code  
78229-5667FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2601125333518

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

523.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARIANNE SHORT**

Mailing Address 2215 SUMMIT AVENUE

City  
SAINT PAUL

State Zip Code  
MN 55105-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR260113353518**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL CHRIST**

Mailing Address 23 BRIARWOOD ROAD

City  
WEST HARTFORD

State Zip Code  
CT 06107-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2601156933518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. TINA JONAS**

Mailing Address 5400 OLD MILL ROAD

City  
ALEXANDRIA

State Zip Code  
VA 22309-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres M&V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2601171133518**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

826.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 113

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROGER RODRIGUEZ**

Mailing Address 10501 SW 102 AVENUE

City	State	Zip Code
MIAMI	FL	33176-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2601176833518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN BUSCH NEHRING**

Mailing Address 2680 COUNTY ROAD NINETY

City	State	Zip Code
MAPLE PLAIN	MN	55359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2605698333518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KELLY DAVIS**Mailing Address 12013 TALIESIN PLACE  
UNIT 22

City	State	Zip Code
RESTON	VA	20190-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : PR2605734233518**

Amount of Each Receipt this Period

88.56

P/R Deduction (\$44.28 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

242.40

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 113

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. TRACY MALONE**

Mailing Address 900 S 22ND ST

City  
ARLINGTON

State Zip Code  
VA 22202-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2605736933518**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. WILLIAM KIEFER**

Mailing Address 101 MAIN STREET NE #4

City  
MINNEAPOLIS

State Zip Code  
MN 55413-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
SVP Strat Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2605755633518**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MICHAEL WEISSEL**

Mailing Address 99 HAGEN ROAD

City  
NEWTON

State Zip Code  
MA 02459-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2606842933518**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

538.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JOHN MATECZUN

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code  
 DAVIDSONVILLE MD 21035-1348

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2606845133518

Amount of Each Receipt this Period

347.86

P/R Deduction (\$251.71 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHELLEY KENNEDY

Mailing Address 706 SUE BARNETT

City State Zip Code  
 HOUSTON TX 77018-5412

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2607803033518

Amount of Each Receipt this Period

88.46

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES EPEL

Mailing Address 4118 SUNNYSIDE ROAD

City State Zip Code  
 EDINA MN 55424-1214

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : PR2612532533518

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

686.32

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL VAIL**

Mailing Address 3653 DWIGHT DAVIS DR

City

TALLAHASSEE

State

FL

Zip Code

32312-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2614315633518

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RANDALL SOLOMON**

Mailing Address 760 HAIGHT STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Assc Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2615671533518

Amount of Each Receipt this Period

86.96

P/R Deduction (\$43.48 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL BIRNBAUM**

Mailing Address 55 DEAN STREET

City

BROOKLYN

State

NY

Zip Code

11201-6245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR2615671633518

Amount of Each Receipt this Period

86.96

P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

250.84

TOTAL This Period (last page this line number only)..... ►

48017.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 113  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Matheson For Congress**

Mailing Address PO Box 521048

City

Salt Lake City

State

UT

Zip Code

84152-1048

FEC ID number of contributing  
federal political committee.

C

C00344721

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : 37130783**

Amount of Each Receipt this Period

5000.00

Refund of Contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014 Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Mailing Address 228 S. Washington Street, Suite 11

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 37042669**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Lamar Alexander**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

**Transaction ID : 37042671**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Gus Michael Bilirakis**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 12

Contribution

Full Name (Last, First, Middle Initial)

**C. Boustany for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

**Transaction ID : 37042676**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 07

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183-3219Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Scalise**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

**Transaction ID : 37042677**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Pittenger for Congress LLC**

Mailing Address PO Box 11207

City  
CharlotteState  
NCZip Code  
28220-1207Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Robert Pittenger**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : 37067319**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pompeo for Congress Inc**

Mailing Address PO Box 780146

City  
WichitaState  
KSZip Code  
67212Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael R. Pompeo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : 37080341**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Prosperity in America Today PAC**

Mailing Address 228 S Washington Street, Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contribution

Candidate Name

**Citizens for Prosperity in America Today PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080342**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address PO Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Johnson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 06

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080343**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Republican Main Street Partnership PAC**Mailing Address c/o G&W  
2201 Wisconsin Avenue NW, Suite 32

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement  
Contribution

Candidate Name

**Republican Main Street Partnership PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	
	<input type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080344**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road, Suit

City	State	Zip Code
Columbus	OH	43231-2098

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick J. Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080345**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

Mailing Address 601 Pennsylvania Avenue NW, Suite

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Contribution

Candidate Name

Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080346**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Ron Barber for Congress**

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ronald Barber**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080347**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Duckworth for Congress**

Mailing Address PO Box 59568

City  
SchaumburgState  
ILZip Code  
60159Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tammy L. Duckworth**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: IL

District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : 37080349**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Vargas for Congress**

Mailing Address 330 Encinitas Boulevard, Suite 101

City  
EncinitasState  
CAZip Code  
92024Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Juan C. Vargas**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: CA

District: 51

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : 37080350**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Vargas for Congress**

Mailing Address 330 Encinitas Boulevard, Suite 101

City  
EncinitasState  
CAZip Code  
92024Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Juan C. Vargas**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: CA

District: 51

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : 37080351**

Amount of Each Disbursement this Period

3500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

**Transaction ID : 37080352**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Alan Lowenthal for Congress**

Mailing Address 6380 Wilshire Boulevard, #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Alan Lowenthal PhD**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

**Transaction ID : 37080353**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Three Rivers Political Action Committee**

Mailing Address 3321 SE 20th Avenue

City	State	Zip Code
Portland	OR	97202

Purpose of Disbursement  
Contribution

Candidate Name

**Three Rivers Political Action Committee**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

**Transaction ID : 37080354**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address PO Box 77

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cheri Bustos**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : 37080355**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Common Sense Colorado**

Mailing Address PO Box 1978

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
Contribution

Candidate Name

**Common Sense Colorado**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

**Transaction ID : 37092754**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Every Republican Is Crucial (ERICPAC)**

Mailing Address 25 E Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219-2109

Purpose of Disbursement  
Contribution

Candidate Name

**Every Republican Is Crucial (ERICPAC)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

**Transaction ID : 37101054**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
----------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC**

Mailing Address 700 13th Street NW, Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

**New Democrat Coalition PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

**Transaction ID : 37101055**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
---------

59500.00
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of John Moolenaar**

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement  
John Moolenaar, STATE SENATE 36th MI

Candidate Name

**MI Sen. John R. Moolenaar**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

**Transaction ID : 37042678**

Amount of Each Disbursement this Period

500.00
--------

John Moolenaar, STATE SENATE 36th MI

Full Name (Last, First, Middle Initial)

**B. Friends of John Moolenaar**

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement  
John Moolenaar, STATE SENATE 36th MI

Candidate Name

**MI Sen. John R. Moolenaar**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

**Transaction ID : 37042694**

Amount of Each Disbursement this Period

250.00
--------

John Moolenaar, STATE SENATE 36th MI

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Jeff Tarte**

Mailing Address 19825 B North Cove Road, Box 114

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

Purpose of Disbursement  
Jeffery Tarte, STATE SENATE 41st NC

Candidate Name

**NC Sen. Jeffery D. Tarte**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053943**

Amount of Each Disbursement this Period

1000.00
---------

Jeffery Tarte, STATE SENATE 41st NC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00
---------



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement  
Ralph Hise, STATE SENATE 47th NC

Candidate Name

**NC Sen. Ralph Hise Jr.**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : 37053944**

Amount of Each Disbursement this Period

1000.00
---------

Ralph Hise, STATE SENATE 47th NC

Full Name (Last, First, Middle Initial)

**B. Phil Berger Committee**

Mailing Address PO Box 1309

City	State	Zip Code
Eden	NC	27289-1309

Purpose of Disbursement  
Philip Berger, STATE SENATE 26th NC

Candidate Name

**NC Sen. Philip Berger**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : 37053945**

Amount of Each Disbursement this Period

2000.00
---------

Philip Berger, STATE SENATE 26th NC

Full Name (Last, First, Middle Initial)

**C. Apodaca for NC Senate Committee**

Mailing Address 1504 Fifth Avenue, West

City	State	Zip Code
Hendersonville	NC	28739

Purpose of Disbursement  
Tom Apodaca, STATE SENATE 48th NC

Candidate Name

**NC Sen. Tom Apodaca**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : 37053946**

Amount of Each Disbursement this Period

1000.00
---------

Tom Apodaca, STATE SENATE 48th NC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
---------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Tim Moore**

Mailing Address 1417 Merrimont Drive

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement  
Timothy Moore, STATE HOUSE 111th NC

Candidate Name

**NC Rep. Timothy K. Moore**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053947**

Amount of Each Disbursement this Period

1000.00
---------

Timothy Moore, STATE HOUSE 111th NC

Full Name (Last, First, Middle Initial)

**B. Justin Burr for NC House**

Mailing Address PO Box 1966

City	State	Zip Code
Albemarle	NC	28002

Purpose of Disbursement  
Justin Burr, STATE HOUSE 67th NC

Candidate Name

**NC Rep. Justin Burr**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053948**

Amount of Each Disbursement this Period

1000.00
---------

Justin Burr, STATE HOUSE 67th NC

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Marilyn Avila**

Mailing Address 11312 Derby Lane

City	State	Zip Code
Raleigh	NC	27613

Purpose of Disbursement  
Marilyn Avila, STATE HOUSE 40th NC

Candidate Name

**NC Rep. Marilyn W. Avila**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053949**

Amount of Each Disbursement this Period

1000.00
---------

Marilyn Avila, STATE HOUSE 40th NC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Louis Pate Election Committee**

Mailing Address 102 Meredith Street

City	State	Zip Code
Mount Olive	NC	28365

Purpose of Disbursement  
Louis Pate, STATE SENATE 7th NC

Candidate Name

**NC Sen. Louis Milford Pate Jr.**

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053950**

Amount of Each Disbursement this Period

1000.00
---------

Louis Pate, STATE SENATE 7th NC

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Tommy Tucker for NC Senate**

Mailing Address 1206 Rosehill Drive

City	State	Zip Code
Waxhaw	NC	28173

Purpose of Disbursement  
Wyatt Tucker, STATE SENATE 35th NC

Candidate Name

**NC Sen. Wyatt Thomas Tucker Sr.**

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053951**

Amount of Each Disbursement this Period

1000.00
---------

Wyatt Tucker, STATE SENATE 35th NC

Full Name (Last, First, Middle Initial)

**C. Brock for Senate**

Mailing Address 160 New Hampshire Court

City	State	Zip Code
Mocksville	NC	27028

Purpose of Disbursement  
Andrew Brock, STATE SENATE 34th NC

Candidate Name

**NC Sen. Andrew T. Brock**

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053952**

Amount of Each Disbursement this Period

1000.00
---------

Andrew Brock, STATE SENATE 34th NC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Jason Saine Committee**

Mailing Address 7465 Bluff Point Lane

City	State	Zip Code
Denver	NC	28037

Purpose of Disbursement  
Jason Saine, STATE HOUSE 97th NC

Candidate Name

**NC Rep. Jason Saine**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053953**

Amount of Each Disbursement this Period

1000.00
---------

Jason Saine, STATE HOUSE 97th NC

Full Name (Last, First, Middle Initial)

**B. Campaign to Elect Mike Hager**

Mailing Address 342 Walking Horse Trail

City	State	Zip Code
Rutherfordton	NC	28139

Purpose of Disbursement  
Michael Hager, STATE HOUSE 112th NC

Candidate Name

**NC Rep. Michael Hager**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053954**

Amount of Each Disbursement this Period

1000.00
---------

Michael Hager, STATE HOUSE 112th NC

Full Name (Last, First, Middle Initial)

**C. Julia C. Howard for House Committee**

Mailing Address 330 S Salisbury Street

City	State	Zip Code
Mocksville	NC	27028

Purpose of Disbursement  
Julia Howard, STATE HOUSE 79th NC

Candidate Name

**NC Rep. Julia C. Howard**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053955**

Amount of Each Disbursement this Period

1000.00
---------

Julia Howard, STATE HOUSE 79th NC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. William Brisson for NC House**

Mailing Address PO Box 531

City	State	Zip Code
Dublin	NC	28332

Purpose of Disbursement  
William Brisson, STATE HOUSE 22nd NC

Candidate Name

**NC Rep. William Brisson**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : 37053956**

Amount of Each Disbursement this Period

1000.00
---------

William Brisson, STATE HOUSE 22nd NC

Full Name (Last, First, Middle Initial)

**B. Committee to Elect John Hambrick**

Mailing Address 1930 Village Center Circle, Suite

City	State	Zip Code
Las Vegas	NV	89134

Purpose of Disbursement  
John Hambrick, STATE HOUSE 2nd NV

Candidate Name

**NV Asm. John Hambrick**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

**Transaction ID : 37067884**

Amount of Each Disbursement this Period

500.00
--------

John Hambrick, STATE HOUSE 2nd NV

Full Name (Last, First, Middle Initial)

**C. Friends of Randy Kirner**

Mailing Address 18124 Wedge Pkwy, #519

City	State	Zip Code
Reno	NV	89511

Purpose of Disbursement  
Randall Kirner, STATE HOUSE 26th NV

Candidate Name

**NV Asm. Randall J. Kirner**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

**Transaction ID : 37067885**

Amount of Each Disbursement this Period

500.00
--------

Randall Kirner, STATE HOUSE 26th NV

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
---------

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

UnitedHealth Group Incorporated PAC (United for Health)

01:

Joe Pitts, STATE HOUSE 67th TN

M M / D D / Y Y Y Y  
04 16 2014

01

Curtis Johnson, STATE HOUSE 68th TN

01:

Steven Dickerson, STATE SENATE 20th TN

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Re-Elect Reginald Tate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Mailing Address 3422 Tournament Drive

City	State	Zip Code
Memphis	TN	38125

**Transaction ID : 37080388**Purpose of Disbursement  
Reginald Tate, STATE SENATE 33rd TN

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**TN Sen. Reginald Tate**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Reginald Tate, STATE SENATE 33rd TN

State: District:

Full Name (Last, First, Middle Initial)

**B. Friends of Don White**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Mailing Address PO Box 363

City	State	Zip Code
Indiana	PA	15701

**Transaction ID : 37092755**Purpose of Disbursement  
Donald White, STATE SENATE 41st PA

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**PA Sen. Donald C. White**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Donald White, STATE SENATE 41st PA

State: District:

Full Name (Last, First, Middle Initial)

**C. Bill Ketron for State Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Mailing Address 805 S. Church Street, Suite 12

City	State	Zip Code
Murfreesboro	TN	37130

**Transaction ID : 37092756**Purpose of Disbursement  
Bill Ketron, STATE SENATE 13th TN

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**TN Sen. Bill Ketron**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Bill Ketron, STATE SENATE 13th TN

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

--



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Senator Mark Norris**

Mailing Address PO Box 381075

City  
GermantownState  
TNZip Code  
38183-1075Purpose of Disbursement  
Mark Norris, STATE SENATE 32nd TN

011

Category/  
Type

Candidate Name

**TN Sen. Mark Norris**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

**Transaction ID : 37092757**

Amount of Each Disbursement this Period

1000.00
---------

Mark Norris, STATE SENATE 32nd TN

Full Name (Last, First, Middle Initial)

**B. Richard Pena Raymond Campaign**

Mailing Address PO Box 450349

City  
LaredoState  
TXZip Code  
78045Purpose of Disbursement  
Richard Raymond, STATE HOUSE 42nd TX

011

Category/  
Type

Candidate Name

**TX Rep. Richard Pena Raymond**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

**Transaction ID : 37101057**

Amount of Each Disbursement this Period

2000.00
---------

Richard Raymond, STATE HOUSE 42nd TX

Full Name (Last, First, Middle Initial)

**C. Friends of Larry Taylor**

Mailing Address PO Box 1208

City  
FriendswoodState  
TXZip Code  
77549Purpose of Disbursement  
Larry Taylor, STATE SENATE 11th TX

011

Category/  
Type

Candidate Name

**TX Sen. Larry Taylor**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

**Transaction ID : 37101058**

Amount of Each Disbursement this Period

2000.00
---------

Larry Taylor, STATE SENATE 11th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
---------



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Joe Farias Campaign**

Mailing Address 211 Shrine Avenue

City	State	Zip Code
San Antonio	TX	78221

Purpose of Disbursement  
Joe Farias, STATE HOUSE 118th TX

Candidate Name

**TX Rep. Joe Farias**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : 37101059**

Amount of Each Disbursement this Period

1000.00
---------

Joe Farias, STATE HOUSE 118th TX

Full Name (Last, First, Middle Initial)

**B. Greg Bonnen Campaign**

Mailing Address PO Box 1183

City	State	Zip Code
Friendswood	TX	77549

Purpose of Disbursement  
Greg Bonnen, STATE HOUSE 24th TX

Candidate Name

**TX Rep. Greg Bonnen**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : 37101061**

Amount of Each Disbursement this Period

1000.00
---------

Greg Bonnen, STATE HOUSE 24th TX

Full Name (Last, First, Middle Initial)

**C. Kitzhaber for Governor**

Mailing Address 3321 SE 20th Avenue

City	State	Zip Code
Portland	OR	97202

Purpose of Disbursement  
John Kitzhaber, GOVERNOR OR

Candidate Name

**John Kitzhaber**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : 37101063**

Amount of Each Disbursement this Period

1500.00
---------

John Kitzhaber, GOVERNOR OR

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
---------

30750.00
----------